

Lincoln



Nebraska's Capital City

March 13, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Oglala Enterprises Inc., d.b.a. Jack's Bar & Grill, 100 North 8th Street requesting a class C liquor license for this location. This location was previously known as Matt's Bar, which held a class C liquor license.

John T. Kos, president of Oglala Enterprises Inc., requests that Jodi Maughan be approved as the manager of this liquor license.

Background information on Jodi Maughan is as follows:

Jodi Maughan was born in Lincoln, Nebraska. She attended Lincoln High School graduating in 1990.

Jodi Maughan employment history is as follows:

1996 – present	Manager, Matt's Bar	Lincoln, NE.
1994 – 1996	Manager, Big John's	Lincoln, NE.
1992 – 1994	Manager, 9 th Street Blues	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) JACKS BAR & GRILL

☒ Manager

☒ Owner

1090

Other _____

Name: Jodi MAUGHAN

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ?

☒ No

Yes

Explain _____

Does applicant have an interest in another liquor license ?

☒ No

Yes

Explain _____

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ?

Salary

Hourly

N/A

How many hours will applicant be at the establishment ?

60-70

Any other employment ? No

Yes, explain _____

Any previous experience with a liquor license ?

☒ Yes

No

Any criminal convictions ? No

☒ Yes

Comments

Shoplifting 90

Fined \$75

Is applicant a property owner in Lincoln ?

Yes

☒ No

Is applicant involved in any civil litigation ?

☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date

3/12/02

Liquor License Business Report / Completed by Inv Fosler Date: 3-12-02

DBA: JACKS BAR & GRILL

ADDRESS 100 N 8TH

PHONE 438-6288

TYPE OF INVESTIGATION:

PURCHASE

UPGRADE

EXPANSION

NEW

OWNER

MANAGER

OTHER

TYPE OF BUSINESS BAR

CLASS: A B C D I J K CATERING OTHER

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE 150,000 PROPERTY EQUIPMENT VALUE

AMOUNT FINANCED 135,000 SOURCE John Kos

COLLATERAL COSIGNER(S)

LEASE AGREEMENT SYR @ 3165

EST INCOME %FOOD 40 %LIQUOR 60

COMMERCIAL

INDUSTRIAL

RESIDENTIAL

TRAFFIC Heavy PARKING ON-STREET

READY FOR OPERATION: YES NO, EST DATE

FOOD SERVICE full # OF EMPLOYEES F/T 1 P/T 9

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO

EST SEATING 115 ^{outside} / ^{inside} 125 EST # DAILY CUSTOMERS 150

HOURS OF OPERATION 11am - 1pm M-Sat Sun 12 - 1pm

HUMAN RIGHTS COMMISSION CHECKED YES NO N/A

STATE OF NEBRASKA

A2-024626 del date: 3-18-02
21A PH: 4-1-02Mike Johanns
GovernorCity Clerk
County/City Bldg
555 S 10th
Lincoln NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

March 4, 2002

301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 333-7352 (TTY)Ogala Enterprises, Inc
Class CQ 100 N. 8th
dba Jack's Bar & Grill

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Jill L. Nelson
Licensing DivisionEnclosures
Rhonda R. Flower
CommissionerBob Logsdon
ChairmanR.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12 99

No Special Permit needed per phone
call w/Brian @ City Planning 3/1/02 JLN

APPLICATION FOR LICENSE
Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

RECEIVED

MAR - 1 2002

NEBRASKA LIQUOR

CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

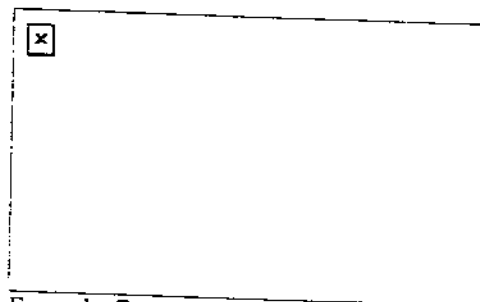
CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *		CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Bond Company - for Classes L V W X Y only _____ Start Date Month/Day/Year Bond Number _____ _____	
SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business)		Telephone Number at premise to be licensed	
Jack's Bar & Grill		438-6288	
1) Street Address of Proposed licensed premise		2) Mailing Address for receipt of Liquor Control Commission mailings	
100 N 8th St.		100 N 8th St.	
City	County	City	County
Lincoln	Lancaster	Lincoln	Lancaster
Zip Code		Zip Code	
68508		68508	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

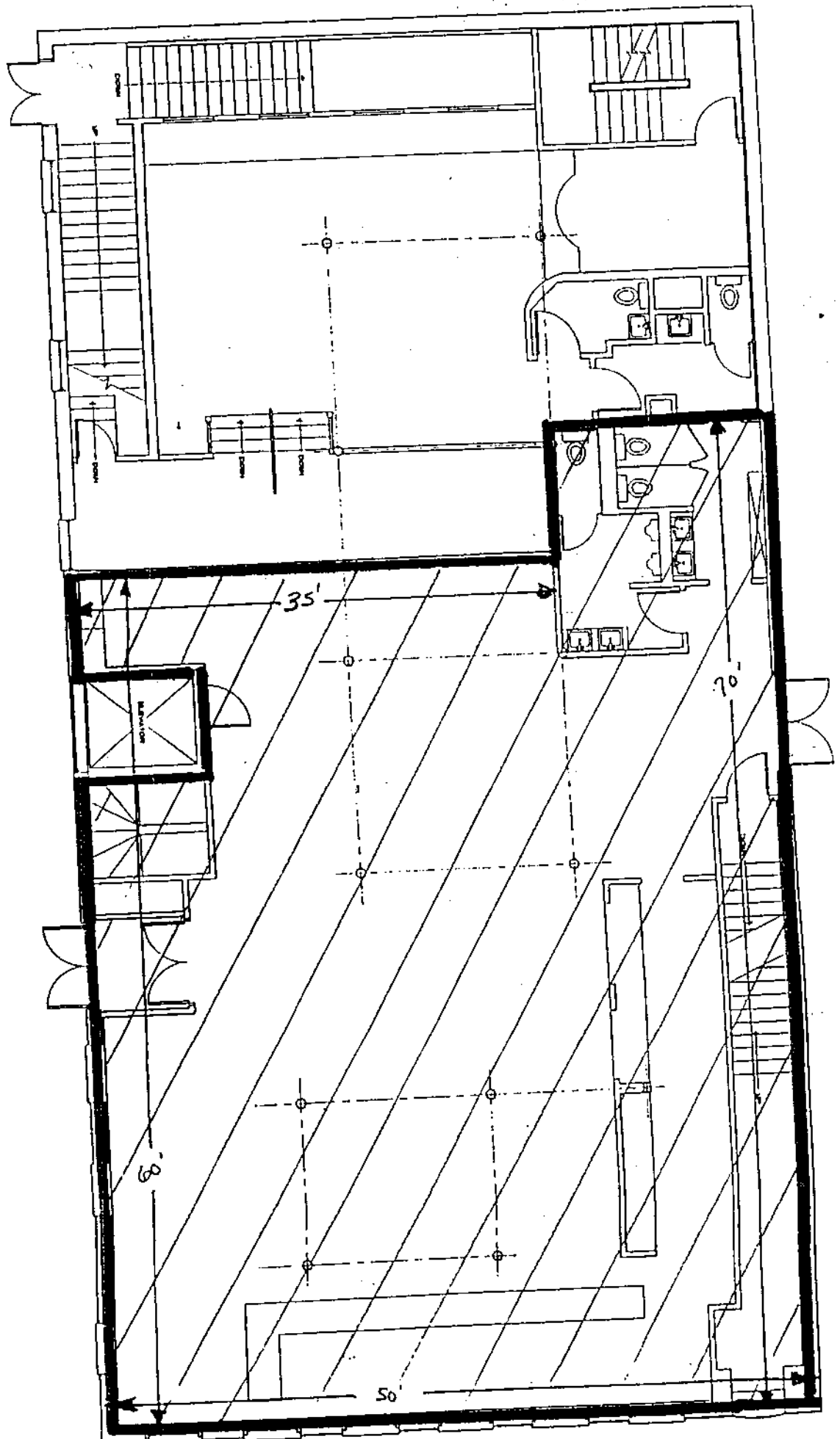
In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

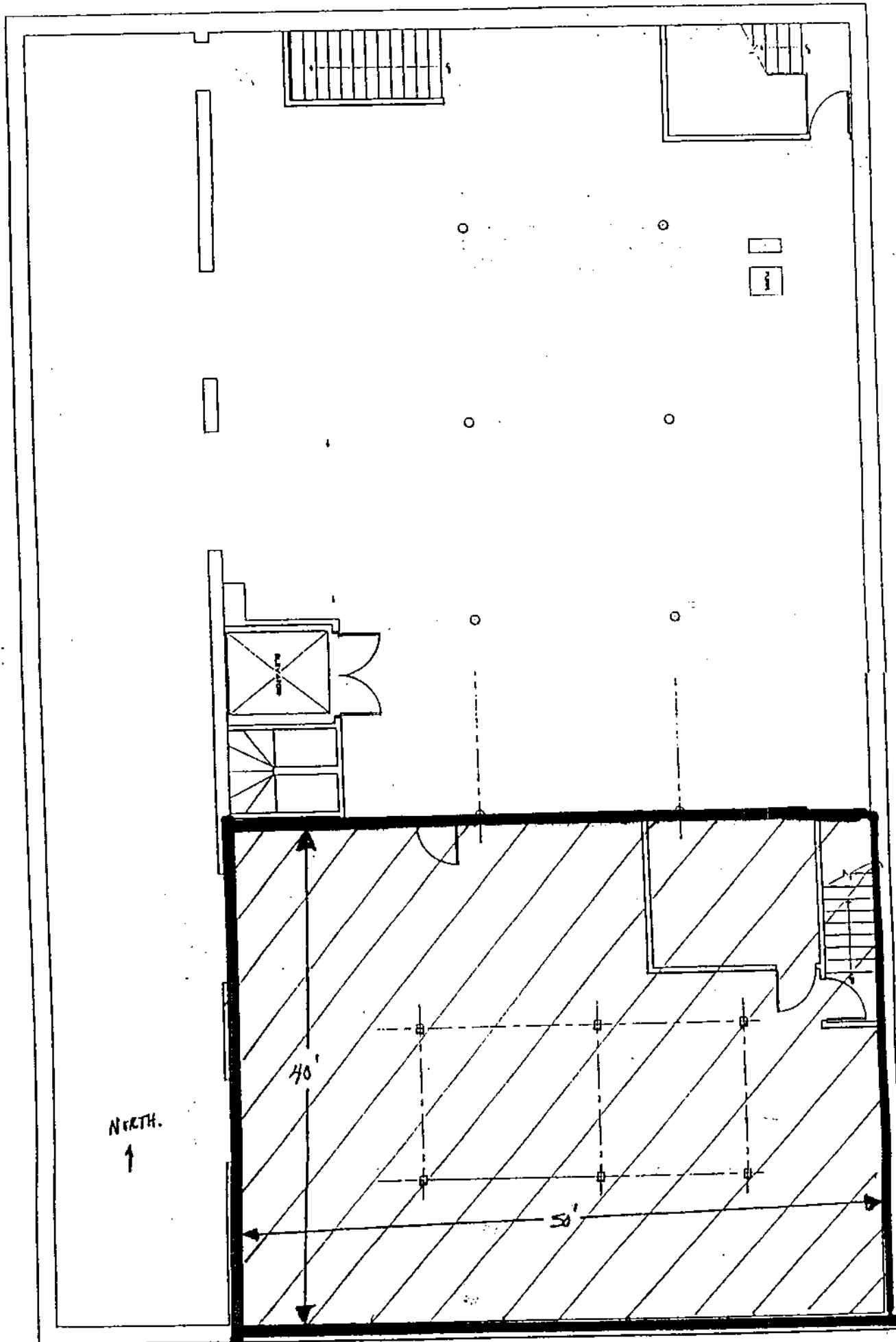
First floor L-shaped area approx 50' X 70' plus basement for storage approx 50' X 40' and outdoor area approx 21' X 92'

NORTH
↑

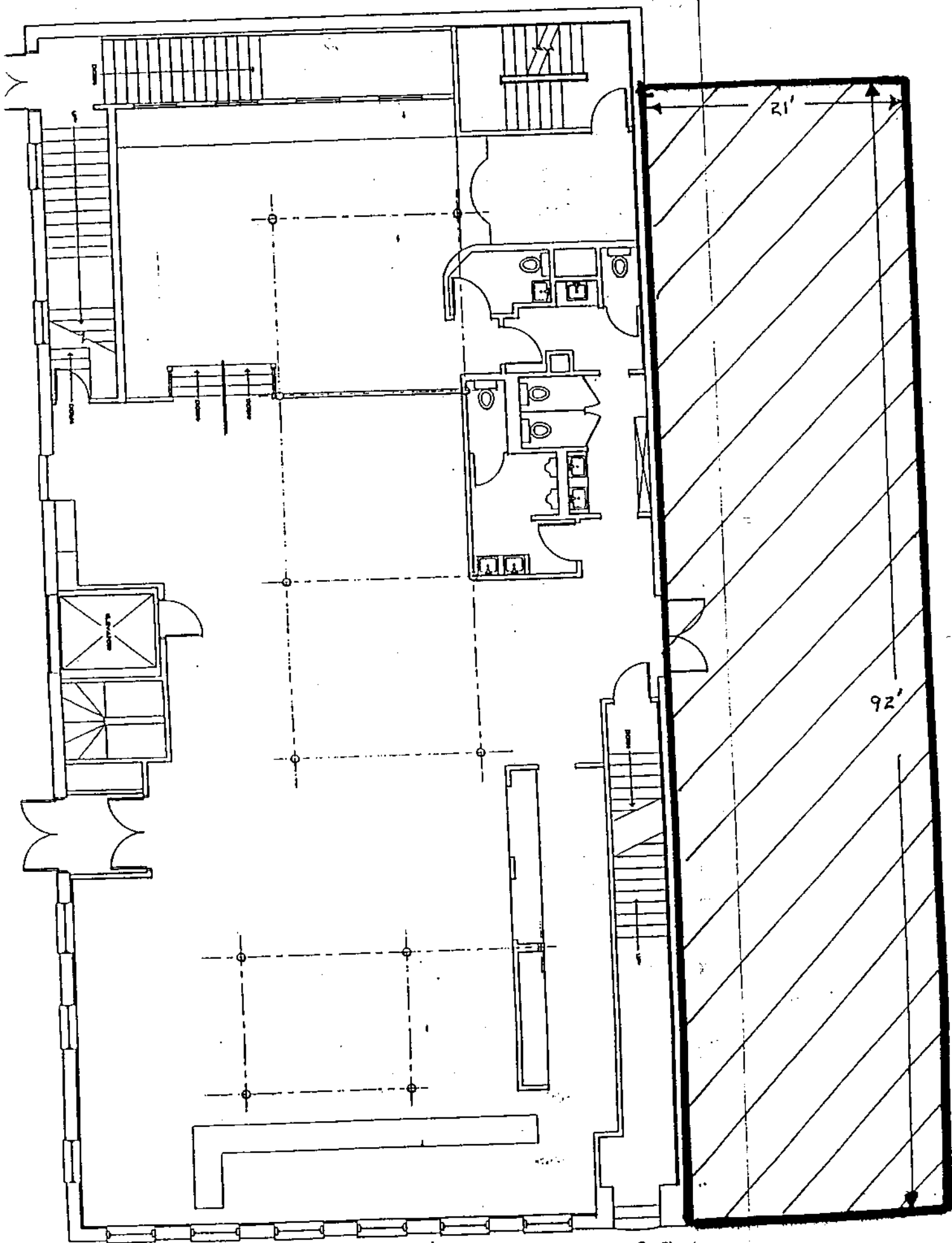


ATTACHMENT 1 - DIEDERICH FIRST FLOOR

BASEMENT FLOOR PLAN



ATTACHMENT 1.1 - DIERS LEASE - BASEMENT



ATTACHMENT 12 - DIBS 12000

DEPT. OF CORRECTIONS

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		John T. Kos, in approximately 1994-1995, was arrested for suspicion of DUI in Hall County; charge was dismissed
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		See attached documents # C24607
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Yes, see attached
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Pinnacle Bank
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	<p>Touch Screen Game Machines, 2 Pool Tables, 2 Dart Machines Owner: VVS, Inc.</p>
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Union Bank & Trust Co. 1944 O St. Lincoln, NE 68508 John T. Kos; Jodi L. Maughan</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>None</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Jodi L. Maughan 60-70 hours</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.

August 1996 to present, Matt's Bar & Grill; July 1994 - August 1996, Big Johns; June 1991- June 1994 - 9th St. Blues

Waitress - Bartender - Manager

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

See attached lease.

lease expiration date: 10/31/07

15. When do you intend to open for business?

When the application is submitted to the Liquor Commission

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
John T. Kos II & Mary E. Kos	1998	2002	Lincoln, NE
John T. Kos II & Mary E. Kos	1997	1998	Lincoln, NE
John T. Kos II & Mary E. Kos	1992	1997	Lincoln, NE
Jodi L. Maughan	2001	2002	Lincoln, NE
Jodi L. Maughan	1996	2001	Lincoln, NE
Jodi L. Maughan	1995	1996	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

John J. [Signature]

Sign
Here

Sign
Here

Mary C. Kov

Sign
Here

Sign
Here

Joe Mayhew

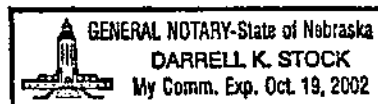
Sign
Here

Sign
Here

Sign
Here

Subscribed in my presence and sworn to before me this 22 day of Feb, 2002

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

[Signature]
Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Oglala Enterprises, Inc. *

Class & License number

C. *

Trade Name of Licensed Premise

Jack's Bar & Grill *

Street Address of Licensed Premise

100 N 8th St.

City

Lincoln

Zip Code

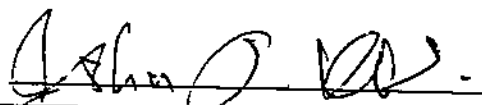
68508

County

Lancaster

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Jodi Lynn Maughan *

Sex *

F

M

☒

☐

Social Security Number

[REDACTED] *

Date of Birth

[REDACTED] *

Place of Birth

Lincoln, Nebraska *

Home Street Address

[REDACTED] Street *

City

Lincoln *

County

Lancaster *

State

NE

Zip Code

68508 *

Home Telephone Number

438-6288 *

Business Telephone Number

42-[REDACTED] *

Drivers License Number

[REDACTED] *

State

NE *

Are You Married? Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION

Full Name (Last, First, Middle, Maiden)

N/A *Not Married*

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

* 1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☐ ☒

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐ ☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

* 4. Do you, as ~~an individual~~ *an individual* meet all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application? ~~Yes~~

Yes No

☒ ☐

LIST PRINCIPAL RESIDENCE FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

Year

From To

Applicant: City & State

Lincoln, NE	95	02	
Spouse: City & State			
Year			
From To			
Applicant: City & State			
Spouse: City & State			
Year			
From To			
Applicant: City & State			
Spouse: City & State			
Year			
From To			
Applicant: City & State			
Spouse: City & State			
EMPLOYERS - LIST LAST TWO EMPLOYERS			
Name of Employer		Year	
		From	To
Matt's		1996	2002
Name of Supervisor		Telephone Number	
Matthew L. Diers		477-9054	
Name of Employer		Year	
		From	To
Big Johns		1994	1996
Name of Supervisor		Telephone Number	
Mark Gates			
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE			

STATE OF NEBRASKA)

) SS

COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed

guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.



Signature of Applicant

Signature of Spouse

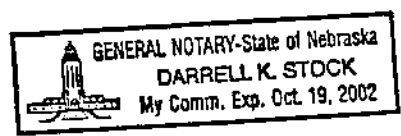
Subscribed in my presence and sworn to before me this 1
day of March

Subscribed in my presence and sworn to before me this _____
day of _____

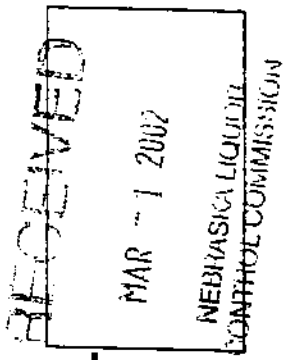


Notary Signature & Seal

Notary Signature & Seal



Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission



INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
 - 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
 - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Oglala Enterprises, Inc. *

Total Number of Shares (if corporation)

1,000 *

Corporate Direct Address

100 N 8th St. *

Mailing address for receipt of Liquor Control Commission Mailings

100 N 8th St. *

Corporate Telephone Number

402-438-6288 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68508 * -

Name of Registered Agent

Darrell K. Stock *

Name of Proposed Manager

Jodi L. Maughan *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Dr. John T. Kos *

Title

President *

Date of Birth

11/1/1958 *

Social Security Number

[REDACTED] *

Home Address (1)

[REDACTED] East *

City

Lincoln *

State

NE *

Zip Code

68508 *

Home Telephone Number

402-438-6288 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title